

MassHealth: Senior Care Options (SCO) Medicare/Medicaid Demonstration Fact Sheet

Summary:

The Centers for Medicare and Medicaid Services (CMS) and the Division of Medical Assistance (DMA) for the Commonwealth of Massachusetts have combined resources to develop a dual eligible demonstration, MassHealth Senior Care Options (SCO), that is now in procurement. After contractors are selected in June, Medicare waivers will be sought prior to an expected start-up in the fall of 2003.

Background:

The Office of Research, Development, and Information (ORDI) and DMA have been collaborating for several years on the development of MassHealth: Senior Care Options (SCO) Dual Eligible Demonstration. Once contractors are selected and Medicare waivers are approved (June 2003 planned), the initiative will become the fourth dual eligible demonstration approved by CMS (PACE, Minnesota Senior/Disability Health Options, and the Wisconsin Partnership Program are the other three).

The SCO program has more extensive eligibility than PACE, which is available only to community-dwelling beneficiaries requiring nursing home level of care. Like PACE, SCO will provide care through managed care organizations (MCOs) to beneficiaries who enroll voluntarily. SCOs will offer the full range of Medicare and Medicaid benefits available to dual eligibles in Massachusetts. SCOs will serve community-well, community frail (the PACE niche), and institutionalized people ages 65 and over. Medicare-only beneficiaries will not be eligible to enroll.

SCOs deliver care through a “geriatric model” that is financed by the pooling of all Medicare and Medicaid revenues at the health plan level. SCOs will contract with State Aging Services Access Point (ASAP) providers, which will deliver home and community-based services as part of the integrated model.

Medicare payment will be based on the M+C methodology, with the exception of the use of the PACE demographic adjustor (2.39), for the nursing home certifiable rate cells. SCOs are expected to transition to diagnosis/health status risk adjustment on the same schedule as the PACE program and will implement frailty adjustment consistent with PACE implementation. Medicare demonstration waivers are required for the use of the PACE demographic adjustor.

The SCO contract has been reviewed by CMS Region I to assure compliance with Medicaid managed care regulations. Medicaid waivers are not required for implementation of SCO.

Current Status

A panel of reviewers, half from CMS, met in April (Boston, MA). A waiver package will be sent forward for review and approval after contractors have been selected. During the summer a readiness review will be performed by the combined efforts of CMS and DMA. The first month of enrollment is expected to be in autumn 2003.

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